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RAYMOND A. JOAO, ESQ.
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FAX COVER SHEET

To: U.S. Patent and Trademark Office

From: Raymond A. Joao, Esq.

Date: March 18, 2007

Fax No.: 1-571-273-8300

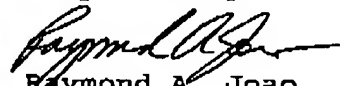
No. Pages: 10 (including cover)

Re: REQUEST FOR CONTINUED EXAMINATION - U.S. PATENT
APPLICATION SERIAL NO. 10/781,751

To Whom It May Concern:

Please find transmitted herewith a REQUEST FOR
CONTINUED EXAMINATION for filing in the above-identified
application.

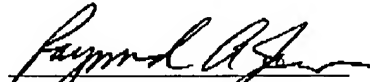
Respectfully Submitted,


Raymond A. Joao
Reg. No. 35,907

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I hereby certify that this correspondence is being transmitted via facsimile transmission to the United States Patent and Trademark Office at 571-273-8300 on March 18, 2007.


Raymond A. Joao

RJ455

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 10/781,751

FILED : FEBRUARY 20, 2004

FOR : CONTROL, MONITORING AND/OR SECURITY APPARATUS
AND METHOD

EXAMINER : E. BLOUNT

GROUP : 2612

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL LETTER

Sir:

Please find transmitted herewith the following for filing in the above-identified application;

1. Request For Continued Examination (RCE)


Transmittal Form;

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2. Credit Card Payment Form for \$395.00 for payment of the required RCE filing fee;
3. Fee Transmittal Sheet (in duplicate) for payment of the RCE filing fee; and
4. Information Disclosure Statement.

Respectfully Submitted,



Raymond A. Joao
Reg. No. 35,907

March 18, 2007

Raymond A. Joao, Esq.
122 Bellevue Place
Yonkers, New York 10703
(914) 969-2992

MAR 19 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218). FEE TRANSMITTAL For FY 2007		Complete If Known Application Number: 10/781,751 Filing Date: FEBRUARY 20, 2004 First Named Inventor: RAYMOND A. JOAO Examiner Name: E. BLOUNT Art Unit: 2612 Attorney Docket No: RJ455	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	395.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

=

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): RCE FILING FEE

\$395.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,907	Telephone	914-969-2992
Name (Print/Type)	RAYMOND A. JOAO		Date	3/18/07	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**395.00**

Complete If Known

Application Number **10/781,751**
 Filing Date **FEBRUARY 20, 2004**
 First Named Inventor **RAYMOND A. JOAO**
 Examiner Name **E. BLOUNT**
 Art Unit **2612**
 Attorney Docket No. **RJ455**

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- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____
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Multiple dependent claims	360	180
Total Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

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Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$)
 - 100 = _____ / 50 = _____ (round up to a whole number) x _____ Fee Paid (\$)

4. OTHER FEE(S)

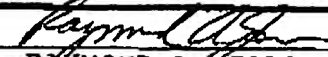
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **RCE FILING FEE**

Fees Paid (\$)

\$395.00

SUBMITTED BY

Signature  Registration No. **35,907** Telephone **914-969-2992**
 Name (Print/Type) **RAYMOND A. JOAO** Date **3/18/07**

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